



RECORDATION FORM COVER SHEET
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof

1. Name of conveying party(ies): Surgical Dynamics Inc. Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: <u>Howmedica Osteonics Corp.</u> Internal Address: _____ Street Address: _____ 59 Route 17 City: <u>Allendale</u> State: <u>NJ</u> Zip: <u>07401</u> Additional name(s) & address(es) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of Conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>July 1, 2002</u>			
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the new application is: _____ A. Patent Application No.(s): <u>08/064,547 08/856,916 08/988,331</u> B. Patent No.(s): _____ Additional numbers attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP</u> Internal Address: _____ Street Address: <u>600 South Avenue West</u> City: <u>Westfield</u> State: <u>NJ</u> Zip: <u>07090</u>		6. Total number of applications and patents involved: <u>30</u> 7. Total fee (37 CFR 3.41) \$ <u>1200.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Authorized to be charged to credit card (Form 2038 enclosed) 8. Deposit account number: <u>12-1095</u> (Attach duplicate copy of this page if paying by deposit account)	
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9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> Keith E. Gilman <u>Keith E. Gilman</u> <u>8/22/02</u> Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and documents: <u>8</u>			

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RECORDATION FORM COVER SHEET
(continued)

Additional Applications and/or Patents (4. Continued):

Additional Patent Application Numbers

4A. Continued:

09/358,188
09/436,955
09/487,942
09/543,288
09/545,320
09/718,968
09/778,179
09/788,693
09/789,902
09/790,043
09/815,068
09/815,500
09/815,504
09/817,930
09/921,876
09/968,694
10/001,695
10/004,969
10/012,127
10/041,541
10/091,708
10/118,205
10/157,649
10/159,235
60/351,248
60/351,465
60/385,994

Additional numbers attached? No

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